

A close-up photograph of a person's hand holding a white and grey blood glucose meter. A white test strip is partially inserted into the device. The background is a soft, out-of-focus light purple and pink gradient.

BLOOD SUGAR *Planner*

EMERGENCY CONTACT LIST

FIRST AID KIT LOCATION:

EMERGENCY NUMBERS

AMULANCE:

POLICE:

PEDIATRICIAN:

OSBTETRICIAN:

VET:

FIRE DEPT:

PHARMACY:

DENTIST:

PSYCHOLOGIST:

PSYCHIATRIST:

ELECTRICAL:

INTERNET:

WATER:

GAS:

[illegible]

CONTACT LIST

NAME:	SPECIALIZATION:
CONTACT:	EMAIL ID:
ADDRESS:	NOTES:

NAME:	SPECIALIZATION:
CONTACT:	EMAIL ID:
ADDRESS:	NOTES:

NAME:	SPECIALIZATION:
CONTACT:	EMAIL ID:
ADDRESS:	NOTES:

NAME:	SPECIALIZATION:
CONTACT:	EMAIL ID:
ADDRESS:	NOTES:

MEDICAL INSURANCE

PROVIDER:

POLICY NUMBER:

PLAN TYPE:

TELEPHONE:

EMAIL:

COVERAGE:

NOTES:

FAMILY MEDICAL HISTORY

[illegible]

MEDICAL HISTORY

NAME:	AGE:
	BLOOD GROUP:

[illegible]

MONTHLY HEALTH GOALS

YEAR OF:

JANUARY

FEBRUARY

MARCH

APRIL

MAY

JUNE

JULY

AUGUST

SEPTEMBER

OCTOBER

NOVEMBER

DECEMBER

VITAL SIGNS TRACKER

YEAR OF:

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[illegible]

BLOOD PRESSURE TARKER

MONTH OF:

	MORNING		EVENING		
DAY	BP	PULSE	BP	PULSE	NOTES
1					
2					
3					
4					
5					
6					
7					
8					
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30					
31					

BLOOD SUGAR & BP LOG

MONTH
OF:

MONDAY		BREAKFAST		LUNCH		DINNER		BEDROOM	
DATE: _/_/_	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	
BLOOD SUGAR									
BLOOD PRESSURE									
TUESDAY		BREAKFAST		LUNCH		DINNER		BEDROOM	
DATE: _/_/_	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	
BLOOD SUGAR									
BLOOD PRESSURE									
WEDNESDAY		BREAKFAST		LUNCH		DINNER		BEDROOM	
DATE: _/_/_	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	
BLOOD SUGAR									
BLOOD PRESSURE									
THURSDAY		BREAKFAST		LUNCH		DINNER		BEDROOM	
DATE: _/_/_	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	
BLOOD SUGAR									
BLOOD PRESSURE									
FRIDAY		BREAKFAST		LUNCH		DINNER		BEDROOM	
DATE: _/_/_	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	
BLOOD SUGAR									
BLOOD PRESSURE									
SATURDAY		BREAKFAST		LUNCH		DINNER		BEDROOM	
DATE: _/_/_	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	
BLOOD SUGAR									
BLOOD PRESSURE									
SUNDAY		BREAKFAST		LUNCH		DINNER		BEDROOM	
DATE: _/_/_	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	
BLOOD SUGAR									
BLOOD PRESSURE									

BLOOD SUGAR LOG

DATE:

BREAKFAST	TIME	BEFORE	NOTES
		AFTER	
SNACK	TIME	BEFORE	NOTES
		AFTER	
LUNCH	TIME	BEFORE	NOTES
		AFTER	
SNACK	TIME	BEFORE	NOTES
		AFTER	
DINNER	TIME	BEFORE	NOTES
		AFTER	

NOTES

BLOOD SUGAR TRACKER

WEEK OF:

DATE		MEALS	BEFORE	1 HR	2 HR	3 HR
MON		Breakfast				
		Lunch				
		Dinner				
		Snacks				
TUE		Breakfast				
		Lunch				
		Dinner				
		Snacks				
WED		Breakfast				
		Lunch				
		Dinner				
		Snacks				
THU		Breakfast				
		Lunch				
		Dinner				
		Snacks				
FRI		Breakfast				
		Lunch				
		Dinner				
		Snacks				
SAT		Breakfast				
		Lunch				
		Dinner				
		Snacks				
SUN		Breakfast				
		Lunch				
		Dinner				
		Snacks				

BLOOD SUGAR TRACKER

WEEK OF:

DATE		MEALS	BLOOD SUGAR		NOTES
			BEFORE	AFTER	
MON		Breakfast			
		Lunch			
		Dinner			
		Bedtime			
TUE		Breakfast			
		Lunch			
		Dinner			
		Bedtime			
WED		Breakfast			
		Lunch			
		Dinner			
		Bedtime			
THU		Breakfast			
		Lunch			
		Dinner			
		Bedtime			
FRI		Breakfast			
		Lunch			
		Dinner			
		Bedtime			
SAT		Breakfast			
		Lunch			
		Dinner			
		Bedtime			
SUN		Breakfast			
		Lunch			
		Dinner			
		Bedtime			

BLOOD SUGAR TRACKER

WEEK OF:

BEFORE		MEALS		1HR	2HRS	3HRS
MON		B				
		L				
		D				
		S				
TUE		B				
		L				
		D				
		S				
WED		B				
		L				
		D				
		S				
THU		B				
		L				
		D				
		S				
FRI		B				
		L				
		D				
		S				
SAT		B				
		L				
		D				
		S				
SUN		B				
		L				
		D				
		S				

BLOOD SUGAR TRACKER

BEFORE
MEALS

AFTER MEALS

B - Breakfast

L - Lunch

D - Dinner

BT - Bedtime

week:

[illegible]

week:

[illegible]

week:

[illegible]

BLOOD SUGAR TRACKER

MONTH OF:

[illegible]

BLOOD SUGAR TRACKER

WEEK OF:

DATE			Time	PRE-MEAL BLOOD SUGAR	CARBS	INSULIN TAKEN?	BLOOD SUGAR 2 HRS LATER	INSULIN TAKEN?
MON		Breakfast						
		Snack						
		Lunch						
		Snack						
		Dinner						
		Snack						
TUE		Breakfast						
		Snack						
		Lunch						
		Snack						
		Dinner						
		Snack						
WED		Breakfast						
		Snack						
		Lunch						
		Snack						
		Dinner						
		Snack						
THU		Breakfast						
		Snack						
		Lunch						
		Snack						
		Dinner						
		Snack						
FRI		Breakfast						
		Snack						
		Lunch						
		Snack						
		Dinner						
		Snack						
SAT		Breakfast						
		Snack						
		Lunch						
		Snack						
		Dinner						
		Snack						
SUN		Breakfast						
		Snack						
		Lunch						
		Snack						
		Dinner						
		Snack						

BLOOD SUGAR TRACKER

DATE		PRE- MEAL BS	CARBS	INSULIN TAKEN	BS 1 HR LATER	BS 2 HRS LATER	INSULIN TAKEN	NOTES
// -	Breakfast							
	Snack							
	Lunch							
	Snack							
	Dinner							
	Snack							
// -	Breakfast							
	Snack							
	Lunch							
	Snack							
	Dinner							
	Snack							
// -	Breakfast							
	Snack							
	Lunch							
	Snack							
	Dinner							
	Snack							

BLOOD SUGAR TRACKER

DATES:

[illegible][illegible][illegible][illegible]

MORNING MONITORING

[illegible]

NOONTIME MONITORING

[illegible]

EVENING MONITORING

[illegible]

LOW CARB FOOD IDEAS

[illegible]

FAVORITE MEALS

AT A GLANCE

MEAL:	
INGREDIENTS	CARBOHYDRATES
TOTAL CARBOHYDRATES	

MEAL:	
INGREDIENTS	CARBOHYDRATES
TOTAL CARBOHYDRATES	

HEALTHY RECIPE

Name:

Category:	Prep Time:
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Ingredients:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Notes:

Notes

MEDICINE TRACKER

MONTH:

[illegible]

HABIT TRACKER

WEEK OF:

[illegible]

NOTES

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SYMPTOM TRACKER

YEAR OF:

[illegible]

TRIGGERS TRACKER

YEAR OF:

[illegible]

SLEEP TRACKER

[illegible]

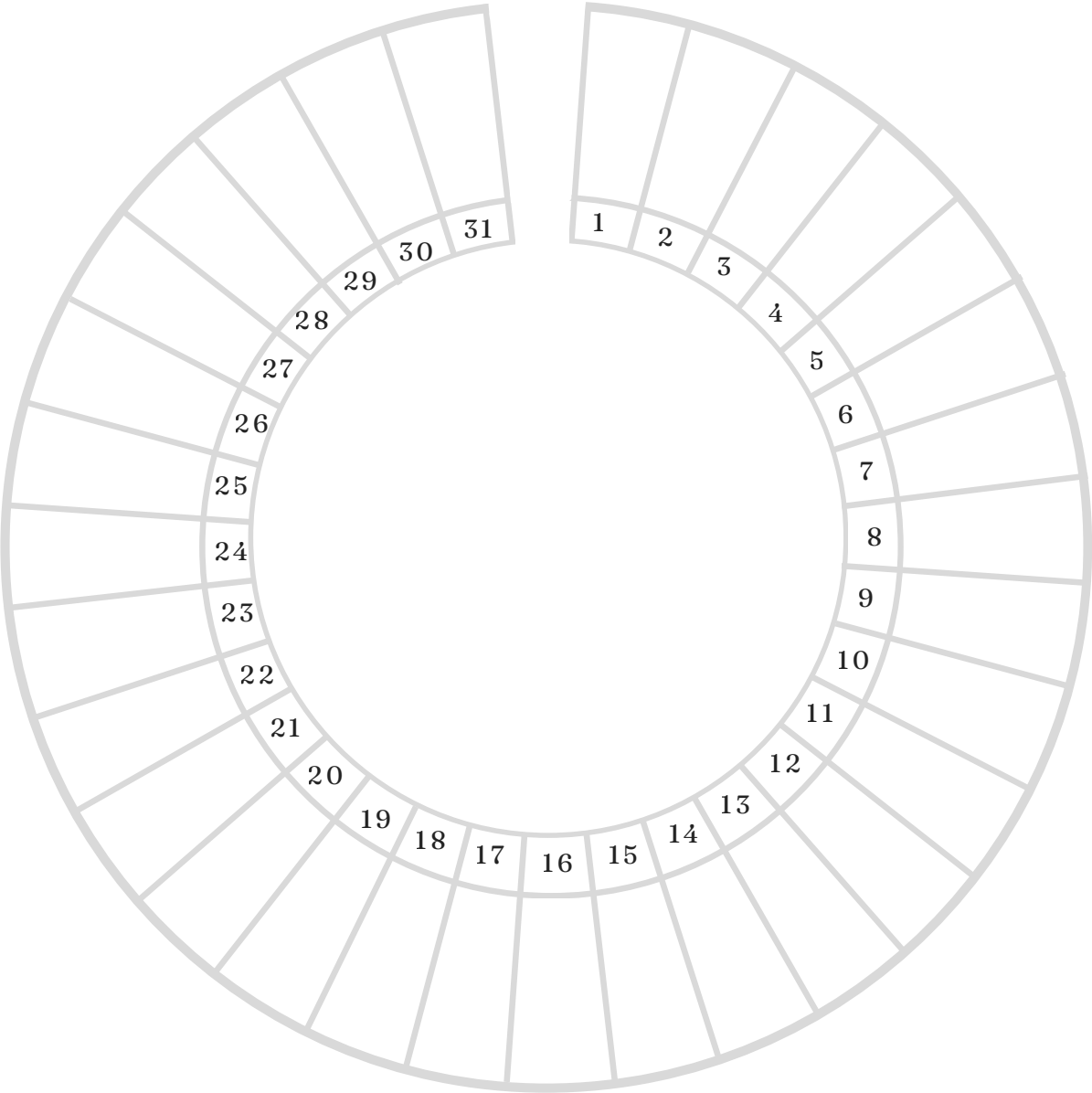
WATER TRACKER

1								
2								
3								
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31								

MOOD TRACKER

MONTH _____



NEUTRAL	TIRED	STRESSED	
GRUMPY	SICK	SAD	
RELAXED	HAPPY	ANGRY	

MEDICAL EXPENSES

YEAR OF:

[illegible]

APPOINTMENT NOTES

DOCTOR/CLINICIAN:	DATE:
	PLACE:
APPOINTMENT PURPOSE:	
QUESTIONS TO ASK:	
☐ _____	
☐ _____	
☐ _____	
REMEMBER TO BRING:	
DOCTOR NOTES:	
AFTER APPOITMENT TO DO LIST:	
☐ _____	
☐ _____	
☐ _____	
☐ _____	

APPOINTMENT TRACKERS

[illegible]

TO DO LIST

[illegible][illegible]

[illegible]